

Office of Alcoholic Beverage Control City Baton Rouge/Parish of East Baton Rouge 9048 Airline Hwy.

Baton Rouge, LA 70815 Telephone (225) 389-3364; Fax (225) 389-7869

NOTICE

Payment should be made in the form of cash, cashier's check or money order, made payable to the City & Parish Treasurer.

FEE: \$5,000

Casino After Hours Application

Type of License	(Office Use Only)
Class A BeerClass A Liquor	Account # Date
Casino After Hours	Councilmember: Outside Baton Rouge City Limits
Trade Name of Business, Business Phone & Cell Number:	2.Business Owner (Name of Individual, Partnership, Corporation, LLC
()	
3. Business Address (Street, Zip Code):	4. Mailing Address (P.O. Box/Street/City/State/Zip Code):
5. Name of person filing this application:	
6. Home Address; Home Phone Number & Cell Number:	
7. Email Address:	
8. What is your affiliation with the business?	
This affidavit must be executed by the applicant before a Notary Public. I swear (or affirm) that I have read each of the questions in this application and the answers which I have given are true and correct to the best of my knowledge. I understand that any false statement or misrepresentation of fact constitutes grounds for denial of this application. By signing this application, the holder of any license issued to the applicant agrees to waive all formalities regarding search and seizure during the duration of the license. Furthermore, the holder of the license agrees to waive the same formalities if the license is revoked or if the holder is ordered by a court of competent jurisdiction to remove all alcohol, for as long as the holder owns or rents the previously licensed premises.	
Signature	Title
Printed Name	
Sworn to and subscribed before me this day of	20
Notary Public's Signature	Print name of Notary Public